₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								
9	Independent	•	i	Minus	4	}	4		
ğ	Total	•	15	Minus	-3	1)	•		
EMT C		RE	CLABAS DMARING AFTER ENCMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.
• "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number.

RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9-		OR	X\$18=	
XA2=		OR	X84=	•
+140=		OR	+280=	•
ADOIT, FEE		OR	TOTAL ADDIT, FEE	

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